10519

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH COUNTY: Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville — LENGTH OF STAY (in this place): 8 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): no #

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Clara Zelma Babb	4. DATE OF DEATH (Month) (Day) (Year): Oct. 28 1953
5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Sept 17, 1906 — 9. AGE last birthday: 47 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework — 10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Brunswick Missouri — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis ~~Unknown~~ Hecke	14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Sophia Wall.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): — 16. SOCIAL SECURITY No.: 429-40-9561	17. INFORMANT AND ADDRESS: George L. Babb Whaleyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Breast c̄ Metastasis	2 yrs.
170X Antecedent cause(s)	(b) c̄ Marasmus & Cachexia	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Oct 28, 1953, that I last saw the deceased alive on 27 Oct, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hermanle Rabbins	MD	Berlin, Md	10/28/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 31, 1953	Dale	Whaleyville, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 31, 1953	Helen F. Hayward	Peter Whaley	Selbyville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

RECEIVED
NOV 4 1953
BUREAU V. S.

10520

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Jane (Last) Collick

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 5 1884
9. AGE last birthday: 69-5-12 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James H. Richardson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Helena Marshall, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 170X

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage from Gastro Intestinal tract	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinomatous Metastases	6 mos.
	DUE TO (c) Carcinoma - Left Breast	3-4 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cachexia & Inanition - Totally Blind

19a. DATE OF OPERATION: June 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Left Breast (mastectomy)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1950, to Oct. 17, 1953, that I last saw the deceased alive on Oct. 16, 1953, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert L. LaMar, MD (DEGREE OR TITLE) ADDRESS SNOW HILL DATE SIGNED Oct. 19, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Oct. 20/53 NAME OF CEMETERY OR CREMATORY Mt Wesley LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Oct. 22, 1953 REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Ollay B. Timmins, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

RECEIVED
OCT 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10521

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 955

VS. A-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville; LENGTH OF STAY (In this place) 7 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville; STREET ADDRESS (If rural, give location) No #

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) — (Last) Dishroon

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 27 1872-81

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Myer Truitt

14. MOTHER'S MAIDEN NAME: Eliza Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Henry Dennis Willards Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Congestion & failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis to Lungs	1 year
156.1	(c) Carcinoma of liver	3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 7, 1953, to Oct. 15, 1953, that I last saw the deceased alive on Oct 15, 1953, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE: Robert A. Grubb (Degree or title) M.D. ADDRESS: Berlin, Md. DATE SIGNED: Oct. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 18, 1953 — NAME OF CEMETERY OR CREMATORY: Truitt Cemetery — LOCATION (City, town, or county) (State): Willards Md.

DATE REC'D BY LOCAL REG.: 10-18-1953 — REGISTRAR'S SIGNATURE: Helen J Hayward

24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Whaleyville Md.

RECEIVED
OCT 23 1953
BUREAU V. S.

10529

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) B. (Last) Watson

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 5-1894
9. AGE last birthday: 59-2-25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Levin Brittingham Sr.
14. MOTHER'S MAIDEN NAME: Eliza Haddack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-01-7698
17. INFORMANT & ADDRESS: Mr Ralph T. Watson Sr, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 421.4

Immediate cause (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Valvular Heart Disease c̄ Chron. — 10 yrs

DUE TO (c) Degen Myocarditis + Dilatation of heart

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1942, to Oct 30, 1953 that I last saw the deceased alive on 10/30/, 1953, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Herman A. Robbins MD
ADDRESS Berlin Md
DATE SIGNED 10/31/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 1/53
NAME OF CEMETERY OR CREMATORY Whalcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 11/3/53
REGISTRAR'S SIGNATURE Elwyn C. Cooper
24. FUNERAL DIRECTOR Alan E. Dennis, Snow Hill, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 3 1953
BUREAU V. S.

10522

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 354

1. PLACE OF DEATH- COUNTY: Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Stockton; LENGTH OF STAY (In this place): 3 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stockton - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Lynda (Middle) Dianne (Last) Mills		4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1953	
5. SEX: F	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S	8. DATE OF BIRTH: July 3-53
9. AGE last birthday yrs.	If under 1 year Months: 2 Days: 30	If under 24 hrs. Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Md	12. CITIZEN OF WHAT COUNTRY: Sa.
13. FATHER'S NAME: Wm Morris		14. MOTHER'S MAIDEN NAME: Hilda Matilda Mills	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ill - defined

772.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bad hygienic conditions at home with lack of treatment.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No injury m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sr N. E. Sartorius	Def Med Examiner	Pocomoke City Md	10/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Oct. 3. 1953	NAME OF CEMETERY OR CREMATORY: Old Saint Paul Cemetery	LOCATION (City, town, or county): near Stockton, Md	(State)
DATE REC'D BY LOCAL REG.: Oct 3. 1953	REGISTRAR'S SIGNATURE: Mary M. Taylor	24. FUNERAL DIRECTOR: Irvine Bennett	ADDRESS: Stockton Md	

10731 82364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-A

1

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

351

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A.5

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Kate (Last) Murray.

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Feb 9 1865 | 9. AGE last birthday: 88 yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Dukes | 14. MOTHER'S MAIDEN NAME: Celia Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: John Murray Whaleyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilated Heart. — Interval between onset and death: 3 weeks

592 X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis

(c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1953, to Oct 24, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 11.25 P m., from the causes and on the date stated above.

SIGNATURE: Chas. R. Foco (Degree or title) ADDRESS: Berlin Md DATE SIGNED: Oct 27-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 27 1953 | NAME OF CEMETERY OR CREMATORY: Dukes Cemetery | LOCATION (City, town, or county) (State): Bishop, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct-27-53 | REGISTRAR'S SIGNATURE: Helen L. Hayward | 24. FUNERAL DIRECTOR: Peter Whaley | ADDRESS: Whaleyville, Md.

RECEIVED
OCT 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

10025

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH:
COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke
MARYLAND
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pocomoke
STREET ADDRESS (If rural give location): RFD #1

3. NAME OF DECEASED (Type or Print): First: LUTHER (Middle): G. (Last): PARSONS

4. DATE OF DEATH: (Month) October (Day) 20, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: General Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac R. Parsons

14. MOTHER'S MAIDEN NAME: Annie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Ethel D. Parsons, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X
Immediate cause (a) Cancer of Lung — Interval Between Onset And Death: 2 mo

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
260X
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 mo

19a. DATE OF OPERATION: Sept 1953

19b. MAJOR FINDINGS OF OPERATION: Cancer of Lung

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....,1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 19, 1953, and that death occurred at 8.50 AM, from the causes and on the date stated above.

SIGNATURE: Paul Cohen (Degree or title) MD — ADDRESS: Snow Hill Md — DATE SIGNED: 10/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-22-53
NAME OF CEMETERY OR CREMATORY: Bates Memorial Cemetery
LOCATION (City, town, or county) (State): Snow Hill, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 22, 1953
REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Dennis & Watson
ADDRESS: Pocomoke, Md.

RECEIVED
OCT 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 39
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 709 Clarke Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 709 Clarke Ave

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) E. (Last) Pope
4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 15-1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Star Mail Route Carrier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. Pope
14. MOTHER'S MAIDEN NAME: Emma F. Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 218-05-9147
17. INFORMANT & ADDRESS: Mrs Jennie V. Pope Pocomoke, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) DUE TO Cerebral Hemorrhage, with Hemiplegia

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertension

(c)

Interval Between Onset And Death: 6 Months years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1953, to October 7, 1953, that I last saw the deceased alive on Oct. 7, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles W. Trader, M.D.
ADDRESS Pocomoke City, Md
DATE SIGNED Oct. 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 11, 1953
NAME OF CEMETERY OR CREMATORY Salem M.E. Cemetery
LOCATION (City, town, or county) Pocomoke (State) Md.
DATE REC'D BY LOCAL REGISTRAR Oct. 11, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR J. Henry H. Watson
ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 13 19[illegible]
BUREAU V. S.

10526

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Wareester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (in this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wareester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Edgar (Last) Purnell

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Dec. 12-1880
9. AGE last birthday: 72-10-9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Newark, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: M Herbert Purnell, Newark, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 334X

Immediate cause (a) Cerebral apoplexy
DUE TO
Antecedent cause(s) (b) Hypertension
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953 to Oct 21, 1953, that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE Clifford E Schott (DEGREE OR TITLE) M.D. ADDRESS Berlin Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct. 24/53
NAME OF CEMETERY OR CREMATORY William Schaefer
LOCATION (City, town, or county) Newark (State) Md

DATE REC'D BY LOCAL REG. Oct. 28, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Alan Kimmis, Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 8-51

RECEIVED
OCT 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10527

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill — LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LeRay (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: April 15 1878

9. AGE last birthday: 75-6-16 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own office

11. BIRTHPLACE (State or foreign country): Snow Hill Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alex Smith

14. MOTHER'S MAIDEN NAME: Emily Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Mrs Helen R Smith, Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

199.1

Immediate cause (a) Carcinomatosis Primary lesion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) not identified with metastases in

DUE TO (c) lung & brain

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952

19b. MAJOR FINDINGS OF OPERATION: diffuse Carcinoma of abdomen

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15/53, 19..... to 10/31/53, 19....., that I last saw the deceased alive on 10/30/53, 19....., and that death occurred at 12.30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Paul Cohen, M.D. — ADDRESS Snow Hill Md — DATE SIGNED 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov 2 53 — NAME OF CEMETERY OR CREMATORY Riverview — LOCATION (City, town, or county) Snow Hill — (State) Md

DATE REC'D BY LOCAL REG. 11/3/53 — REGISTRAR'S SIGNATURE Elwyn C. Cooper

24. FUNERAL DIRECTOR Elley B. Timmins — ADDRESS Snow Hill, Md

mrb.

RECEIVED
NOV 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10528

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2 Y

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) TAYLOR

4. DATE OF DEATH: (Month) Oct. (Day) 13, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 15, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Taylor
14. MOTHER'S MAIDEN NAME: Sarah Wise Steward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ruth Wilkerson, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. over work

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 13, 1953 to Oct 13, 1953, that I last saw the deceased alive on Oct 13, 1953 and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) N. E. Sartorius MD — ADDRESS Pocomoke City Md — DATE SIGNED Oct 14th 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-15-53
NAME OF CEMETERY OR CREMATORY Nelson Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 15, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

A15

RECEIVED
OCT 19 1953
BUREAU V. S.